



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

APPLICABILITY  
**PRISON/WORK RELEASE/FIELD**  
OFFENDER/SPANISH MANUALS

REVISION DATE  
4/28/17

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NUMBER  
**DOC 630.500**

## POLICY

TITLE

**MENTAL HEALTH SERVICES**

### REVIEW/REVISION HISTORY:

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Major changes to include form usage and moving content to DOC 320.265 Close Observation Areas. Read carefully!

### APPROVED:

Signature on file

**G. STEVEN HAMMOND**, PhD, MD, MHA  
Chief Medical Officer

3/20/17

Date Signed

Signature on file

**KEVIN BOVENKAMP**,  
Assistant Secretary for Health Services

3/20/17


Date Signed

Signature on file

**JODY BECKER-GREEN**, Secretary  
Department of Corrections

3/22/17

Date Signed

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## REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [RCW 71.05](#); [RCW 72.09](#); [RCW 74.09](#); [ACA 4-4368](#); [ACA 4-4370](#); [ACA 4-4371](#); [ACA 4-4372](#); [ACA 4-4374](#); [ACA 4-4404](#); [ACA 4-4435](#); [ACA 4C-15](#); [DOC 300.380 Classification and Custody Facility Plan Review](#); [DOC 320.265 Close Observation Areas](#); [DOC 420.250 Use of Restraints](#); [DOC 490.820 Prison Rape Elimination Act \(PREA\) Risk Assessments and Assignments](#); [DOC 610.010 Offender Consent for Health Care](#); [DOC 610.040 Health Screenings, Appraisals, and Status](#); [DOC 610.110 Transfer of Offenders for Health Reasons](#); [DOC 630.540 Involuntary Antipsychotic Administration](#); [DOC 630.550 Suicide Prevention and Response](#); [DOC 630.590 Offender Reentry Community Safety \(ORCS\) Program Review](#); [DOC 640.020 Offender Health Records Management](#); [Guideline PULHES Codes](#); [Mental Health Transfer Procedure](#); [Offender Health Plan](#); [PREA Standards](#); [Safety Watch Procedure](#); [Telepsychiatry Procedure](#); [Vulnerable Adult Protocol](#)

## POLICY:


- I. Offenders housed in Prison or Rap House/Lincoln Park Work Release will be provided medically necessary mental health services per the Offender Health Plan (OHP), Mental Health Services Protocols and Guidelines, and the Mental Health Care Review Committee.
- II. Mental health services that are not medically necessary but that support correctional objectives will be provided as described in this policy.
- III. Offenders in need of mental health treatment who are on community supervision or are housed in a Work Release other than Rap House/Lincoln Park will be provided referrals to community-based providers for services described in this policy.

## DIRECTIVE:

- I. Responsibilities
  - A. The Director of Mental Health will:
    1. Direct mental health services and ensure statewide implementation of this policy.
    2. Along with the Chief of Psychiatry, Chief Psychologists, and Offender Reentry Community Safety (ORCS) Program Administrator, develop and implement clinical guidelines, procedures, protocols, and algorithms which are evidence-based and align with the OHP.

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- B. Supervising psychologists, under the clinical direction of the Director of Mental Health and Chief Psychologists and the administrative direction of the Health Services Manager/Health Authority will:
    1. Implement this policy within the facility, and
    2. Assign a primary therapist (i.e., mental health provider responsible for coordinating the offender's mental health care) prior to arrival at the facility for each offender with a PULHES "S" code of 2 or higher.
  - C. Primary therapists will coordinate mental health services for each offender assigned to them in accordance with the OHP and this policy.
  - D. Mental health employees designated to facilitate care coordination will ensure that offenders with mental illness receive release planning services as outlined in this policy.
  - E. All mental health employees and contract staff will report any knowledge, suspicion, or information regarding:
    1. Incidents of sexual abuse or sexual harassment occurring within any facility, including non-Department facilities.
    2. Retaliation against offenders or Department personnel who have reported incidents of sexual abuse or sexual harassment.
    3. Any neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- II. Access to Care
- A. Offenders will have access to mental health services through:
    1. Screening
      - a. [4-4368] [4-4370] All offenders newly admitted to the Department will receive a mental health screening by mental health employees/contract staff using DOC 13-349 Intersystem Mental Health Screening.
      - b. [4C-15] All offenders transferring between facilities or placed in Rap House/Lincoln Park Work Release will be screened by health services employees/contract staff on DOC 13-421 Intrasystem Intake Screening per DOC 610.040 Health Screenings, Appraisals, and Status.

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2. [4-4435] Self Referral

- a. Offenders may request mental health services by:
  - 1) Submitting DOC 13-423 Health Services Kite.
  - 2) Declaring a mental health emergency and expressing acute mental health symptoms to employees/contract staff.
    - a) Once declared, employees/contract staff will notify the onsite mental health provider or Mental Health Duty Officer.

3. Employee Referral


- a. Facility employees will report signs of mental illness on DOC 13-420 Request for Mental Health Assessment to mental health employees/contract staff.
- b. Urgent referrals are made through immediate verbal contact with a mental health provider/contract staff. DOC 13-420 Request for Mental Health Assessment will be completed by the referring employee/contract staff following an urgent referral.
  - 1) If the referral occurs when mental health employees/contract staff are not at the facility, the referral will be made to an onsite medical employee/contract staff.

- B. [4-4368] Consent for services will be obtained per DOC 610.010 Offender Consent for Health Care.


III. Mental Health Services Provided Under the Offender Health Plan

A. [4-4435] Crisis Services


- 1. [4-4368] Crisis services are provided for offenders with symptoms of an acute mental disorder that impair the offender's ability to function in areas such as self-care, social functioning, communication, and/or judgment. The offender may pose a safety risk to themselves and/or others. In addition to the services that are provided under DOC 630.550 Suicide Prevention and Response, crisis services may include:
  - a. Emergent/urgent mental health crisis screening, which will be the basis for prioritizing the offender for further mental health assessment.

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- b. Immediate access to services if a crisis exists at the time of evaluation.
    - c. Delivery of emergent/urgent psychiatric services and/or psychotropic medications per DOC 610.010 Offender Consent for Health Care and/or DOC 630.540 Involuntary Antipsychotic Administration.
    - d. Delivery of brief crisis counseling services.
  2. If mental health providers are not available at the facility during a mental health crisis:
    - a. Health Services employees/contract staff or the Shift Commander/designee will contact the Mental Health Duty Officer.
    - b. DOC 630.550 Suicide Prevention and Response and DOC 420.250 Use of Restraints will be followed, as appropriate.
    - c. The Shift Commander/designee in consultation with the Mental Health Duty Officer will direct safety and security measures to address the crisis.
    - d. Responses will continue until mental health providers are available or the offender is moved to a facility with the appropriate mental health services.
  3. Mental health providers may make housing recommendations to the Correctional Unit Supervisor using DOC 13-371 Suicide Intervention Inventory.
  4. Based on an offender's behavior and mental health status, a mental health provider may request a safety watch for an offender per the Safety Watch Procedure located under Health Services on iDOC, DOC 630.550 Suicide Prevention and Response, and/or DOC 320.265 Close Observation Areas.
    - a. Mental health providers will use DOC 13-393 Conditions of Confinement - Mental Health to establish any necessary conditions of confinement.
- B. Routine Mental Health Services
  1. Assessment

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- a. A mental health employee/contract staff will complete DOC 13-376 Mental Health Appraisal per DOC 610.040 Health Screenings, Appraisals, and Status. [4-4371] [4-4372] [4-4374] [4-4404]
  - 1) In order for an offender to qualify for outpatient mental health services or admission to a Residential Treatment Unit (RTU), DOC 13-376 Mental Health Appraisal or DOC 13-476 Mental Health Update must be completed and the offender must have a qualifying condition as defined by the OHP.
- b. The Director of Mental Health/designee may approve immediate RTU placement for offenders with acute needs.
- c. A mental health provider will assess the need for mental health services in cases where the offender reports sexual abuse or has been identified as a victim or perpetrator of sexual abuse and is requesting mental health services.
2. DOC 13-476 Mental Health Update must be completed for all offenders who have a PULHES "S" code of 2 or higher:
  - a. Within 30 days of an intrasystem transfer, unless one has been completed in the past 90 days.
  - b. Within 14 days of admission to a RTU.
  - c. When there is a significant change in mental status that results in providing increased treatment.
  - d. At least every 12 months from the original DOC 13-376 Mental Health Appraisal or most recent DOC 13-476 Mental Health Update.
3. [4-4368] There will be a treatment plan documented on DOC 13-379 Mental Health Treatment Plan for all offenders with a PULHES "S" code of 2 or higher.
  - a. DOC 13-379 Mental Health Treatment Plan must be initiated at the beginning of routine mental health services, including case management services, and must be updated:
    - 1) At least annually for outpatient services.
    - 2) At least every 90 days for residential services.
    - 3) If there is a change in the course of treatment.

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- b. DOC 13-379 Mental Health Treatment Plan for offenders in active co-occurring mental health and chemical dependency treatment will be jointly developed by chemical dependency employees/contract staff and the primary therapist.

#### IV. Residential Treatment

- A. [4-4404] Residential treatment is provided for offenders with a significant mental disorder, the symptoms of which result in serious impairment in adaptive functioning and may include a safety risk for the offender and/or others. These offenders are unable to function in general population.
- B. Residential treatment will be provided as defined in the OHP at Monroe Correctional Complex, Washington State Penitentiary, and the Washington Corrections Center for Women.

#### V. [4-4368] Outpatient Services

- A. Outpatient services are provided for offenders with mild to moderate symptoms of mental illness. Services will be prioritized based on acuity level and functional impairment, with the most acute/impaired being given the highest priority.
- B. Outpatient mental health services are provided as defined in the OHP at Rap House/Lincoln Park Work Release and all Prisons except Larch Corrections Center.

#### VI. Telepsychiatry Services


- A. Telepsychiatry services may be provided for offenders with serious mental illness or offenders who have significant behavioral or cognitive issues per the Telepsychiatry Procedure located under Health Services on iDOC.

#### VII. Transition Services

- A. Transition services include relapse prevention planning and/or other clinical services. Transition services will be available to offenders who qualify under the OHP to help them successfully transition into the community.


#### VIII. Release Planning for Offenders with Serious Mental Illness

- A. Six months prior to the offender's Earned Release Date (ERD), the mental health employee/contract staff designated to facilitate care coordination will review seriously mentally ill offenders, along with supporting information, to determine which offenders will need community mental health aftercare.

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1. For offenders identified, the mental health employee/contract staff designated to facilitate care coordination will:
  - a. Assist with referrals to community supports and appropriate benefits or entitlements, and
  - b. Collaborate with Classification Counselors and Community Corrections Officers in planning and preparation for offender transition into the community.
  
- B. Three months prior to ERD, the mental health employee/contract staff designated to facilitate care coordination, in collaboration with the supervising psychologist, will identify offenders that may be eligible for Department of Social and Health Services (DSHS) disability-based benefits and will:
  1. Assist identified offenders in completing their application for expedited Medicaid eligibility for medical benefits as required in RCW 74.09.555 by submitting an application through DSHS.
  2. Coordinate with the offender to identify mental health services in their community and schedule an intake appointment with a mental health provider.
  3. Save the completed DOC 13-450 Behavioral Health Discharge Summary to the Health Services SharePoint site and send it to the assigned Community Corrections Office as identified in the Offender Release Plan.
    - a. DOC 13-450 Behavioral Health Discharge Summary will be accessible after hours for response to requests from law enforcement and mental health providers per DOC 640.020 Offender Health Records Management.
  
- C. Release planning for offenders who are designated for the ORCS Program must be provided per DOC 630.590 Offender Reentry Community Safety (ORCS) Program Review. This includes participation in the planning meetings and responding to all information requests by ORCS Program employees/contract staff.
  
- D. Civil Commitment
  1. If there is concern about imminent harm to self or others or grave disability that would potentially meet the civil commitment requirements of RCW 71.05, the primary therapist or psychiatric prescriber will coordinate with




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the supervising psychologist (i.e., psychologist responsible for clinical oversight of mental health services provided for an offender) to:


- a. Contact the designated mental health professional in the community one week prior to the release date,
- b. Request that the offender be evaluated for civil commitment,
- c. Provide any background or additional information needed for the evaluation, and
- d. Document the process in the offender health record and chronological record in the offender's electronic file, indicating the date that the RCW 71.05 evaluation was requested and the outcome.

#### IX. Mental Health Services Provided Outside the Offender Health Plan

- A. Services provided within restrictive housing units by mental health employees/contract staff include:
  1. DOC 13-349 Intersystem Mental Health Screening completed for all newly admitted offenders within one business day of placement.
  2. Rounds, at least weekly, to assist in ongoing monitoring of all offenders.
  3. Participation in individual behavior management plan development to increase safety for employees, contract staff, and offenders.
  4. Facilitating offender change programming, as resources allow, in consultation with the supervising psychologist.
- B. Consultation services provided include:
  1. Participation in regularly scheduled screening committees per RCW 72.09 and DOC 300.380 Classification and Custody Facility Plan Review.
  2. Coordination between the Custody Facility Plan, DOC 13-379 Mental Health Treatment Plan, and/or DOC 13-069 Individual Behavior Management Plan.
- C. Indeterminate Sentence Review Board evaluations will be conducted by a licensed psychologist.

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- X. Consultation regarding Offenders on Community Supervision or in a Work Release other than Rap House/Lincoln Park
- A. [4C-15] Community Corrections employees who express concerns to Department mental health employees/contract staff about an offender's mental health will be referred to:
1. The local community or private mental health provider, if the offender is currently receiving routine treatment.
  2. Local community mental health crisis services or emergency room for urgent treatment.
  3. A designated mental health professional in the community, if there is concern about imminent harm to self or others, or grave disability that would potentially meet the civil commitment requirements of RCW 71.05.
    - a. The Community Corrections employee will:
      - 1) Request that the offender be evaluated for civil commitment and provide any background or additional information needed for the evaluation, and
      - 2) Notify the Nurse Desk at Headquarters of the referral and disposition.
- XI. Facility Transfer
- A. Offenders will be transferred per DOC 300.380 Classification and Custody Facility Plan Review and DOC 610.110 Transfer of Offenders for Health Reasons.
- B. Additional requirements for transfers to/from a mental health RTU, and transfers of offenders with a PULHES "S" code of 3 or higher, including transfers between restrictive housing units, are as follows:
1. The offender must be transferred according to the Mental Health Transfer Procedure located under Health Services on iDOC.
  2. These requirements do not apply for offenders initially being placed in a restrictive housing unit.
- XII. Prison Release

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- A. The Psychiatric Social Worker (PSW) or designated Reentry Planner will coordinate transition of care for offenders releasing to the community from a Prison by identifying individuals that may be eligible and educating them on benefits available and eligibility requirements. Benefits may include:
  1. Affordable Care Act (ACA),
    - a. The PSW/Reentry Planner will make applications available and submit completed applications to Department Headquarters.
  2. Disability, or
    - a. The PSW/Reentry Planner will identify offenders who may be eligible based upon a low likelihood of employment due to mental/physical disability and notify the Supervising Psychologist of individuals who may be eligible for disability benefits.
    - b. The Supervising Psychologist will make a final decision of whether or not the individual's disability is sufficient for eligibility.
    - c. The PSW/Reentry Planner will assist the eligible individual with completing the benefits application, submit it to Department Headquarters, and notify the Supervising Psychologist of the submission.
  3. Extraordinary Medical Placement (EMP).
    - a. The PSW/Reentry Planner will assist with finding placement in the community and ensure follow-up health services are identified.

### XIII. Recordkeeping

- A. Mental health providers/designees will document all Department mental health services and the offender's responses to treatment in the offender health record. At a minimum, there must be documentation of:
  1. Crisis, acute, and residential treatment services, including:
    - a. Each clinical contact, evaluation, psychological assessment, and/or medication review,
    - b. Status/progress of the offender at least weekly, and
    - c. Current and updated PULHES codes entered on the Patient Encounter screen in the Offender Management Network

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Information-Health Services (OMNI-HS) at the time of the encounter.

2. Facility screenings, outpatient care, appraisals, and evaluations, including:
    - a. Each mental health screening, appraisal, outpatient contact, evaluation, and/or medication review.
  3. Designation as a Vulnerable Adult, which will be completed per the Vulnerable Adult Protocol located under Health Services on iDOC.
    - a. Only the supervising psychologist, Director of Mental Health, or a Chief Psychologist will change an offender's Vulnerable Adult designation for mental health reasons in OMNI-HS.
- B. Mental health providers must complete the Patient Encounter screen in OMNI-HS at the time of the encounter.

#### **DEFINITIONS:**

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Mental Health Professional, Seriously Mentally Ill, Vulnerable Adult. Other words/terms appearing in this policy may also be defined in the glossary.

#### **ATTACHMENTS:**

None

#### **DOC FORMS:**

[DOC 13-069 Individual Behavior Management Plan](#)  
[DOC 13-349 Intersystem Mental Health Screening](#) [4-4370]  
[DOC 13-371 Suicide Intervention Inventory](#)  
[DOC 13-376 Mental Health Appraisal](#) [4-4371] [4-4374]  
[DOC 13-379 Mental Health Treatment Plan](#)  
[DOC 13-393 Conditions of Confinement - Mental Health](#)  
[DOC 13-420 Request for Mental Health Assessment](#)  
[DOC 13-421 Intrasystem Intake Screening](#) [4-4370]  
[DOC 13-423 Health Services Kite](#)  
[DOC 13-450 Behavioral Health Discharge Summary](#)  
[DOC 13-476 Mental Health Update](#)